



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration for Patent Application

I, named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed in the signatory page(s) commencing at page 3 hereof) of the subject matter which is claimed and for which a patent is sought on the invention entitled

MINIATURE ENDOSCOPE SYSTEM

the specification of which (check one)

☐ is attached hereto.

☒ was filed on September 13, 2000 as United States Application

Number or PCT International Application No. 09/660,840

and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known by me to be material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>			Priority Not Claimed	Certified Copy Filed?	
(Number)	(Country)	(Day/Month/Year filed)		YES	NO
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

<u>60/212,935</u> (Application Number)	<u>June 20, 2000</u> (Filing Date)
<u>60/187,305</u> (Application Number)	<u>March 6, 2000</u> (Filing Date)
<u>60/156,478</u> (Application Number)	<u>September 28, 1999</u> (Filing Date)
<u>60/153,568</u> (Application Number)	<u>September 13, 1999</u> (Filing Date)

09/518,954 (Application Serial No.)	March 6, 2000 (Filing date)	pending (Status: patented, pending, abandoned)
(Application Serial No.)	(Filing date)	(Status: patented, pending, abandoned)
(Application Serial No.)	(Filing date)	(Status: patented, pending, abandoned)
(Application Serial No.)	(Filing date)	(Status: patented, pending, abandoned)

As a named inventor, I hereby appoint the attorneys and/or agents associated with
Hamilton, Brook, Smith & Reynolds, P.C., Two Militia Drive, Lexington, Massachusetts 02421-4799
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to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Please send correspondence to:

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or

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole

or first inventor Paul Remijan

Inventor's Signature Paul M. Remington Date 11/15/00

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Full name of third joint

inventor, if any _____

Inventor's Signature _____ Date _____

Residence _____

Citizenship _____

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Full name of fourth joint

inventor, if any _____

Inventor's Signature _____ Date _____

Residence _____

Citizenship _____

Post Office Address _____

Full name of fifth joint

inventor, if any _____

Inventor's Signature _____ Date _____

Residence _____

Citizenship _____

Post Office Address _____

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